

# Alaska Department of Labor and Workforce Development

State of Alaska > DOL&WD > Employment Security > ES Tax Online

## Online Employer Services

### Tax Rates

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### Select Employer/Business

(Description: Single account filers that submit a single employer report or CSV wage file.)

Add an existing Alaska Employer: [Add](#) [?](#)

Apply for a new Alaska Employer Account

Number: [Apply](#) [?](#)

### Select Remitter

(Description: Multiple account filers or bulk filers that submit one bulk CSV file for multiple employer accounts.)

[Add a new Remitter](#)

To register your business with  
Employment Security Tax click on  
“Apply”

Alaska Department of  
**Labor and Workforce Development**

State of Alaska &gt; DOL&amp;WD &gt; Employment Security &gt; ES Tax Online

**Step 1: Can I Register Online?**New Registration for:  
[No Legal Name]**Step 1a: Can I Register  
Online?**Step 1b: Acquire a  
Business

Step 1c: Change Entity

Step 2: Business Info

Step 3: Responsible  
Party

Step 4: Elect Coverage

Step 5: Primary  
WorksiteStep 6: Additional  
Worksite

Step 7: Submit

☐ I am purchasing, acquiring or changing ownership of a business.☐ I am changing my business entity type.☐ I am registering as an employer who has or will pay wages.

If none of these apply, call (907) 465-2757 for assistance.

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Select the one  
that applies to  
your situation,  
click on "Next"

[Accessibility](#) [OEO Statement](#) [Terms of Use](#) [Privacy](#) [Copyright Info](#) [Email Us](#)

Department of Labor & Workforce Development  
Employment Security Tax  
PO Box 115509, Juneau, AK 99811-5509  
Phone: 907-465-2757 || Fax: 907-465-2374  
E-mail: [esd.tax@alaska.gov](mailto:esd.tax@alaska.gov) || Toll Free: 888-448-3527  
Office Hours: Monday - Friday, 8:00 AM - 5:00 PM AKST

If you started the registration process but failed to finish, after clicking on “Apply” the previous registration you started will pop up here. You can continue the registration process by clicking on the business or start over by clicking “Start a new registration.”

The screenshot shows the Alaska Department of Labor and Workforce Development website. A modal window titled "Incomplete Registrations" is open, displaying a list of incomplete registrations. The first entry is "Your Business Name (last modified 04/14/2022)" with a red "Delete" button. Below this is a link to "Start a new registration". A blue "Cancel" button is located at the bottom right of the modal. The background shows the website's navigation menu with links like "Tax Rates", "Office Locations", "Laws & Cases", "Forms/Publications", "Alaska Employer Newsletters", "ES Tax Handbook", "UI Tax Calculation", and "Cookbook". The main content area includes "Add an existing Alaska Employer" with an "Add" button and a help icon, and "Apply for a new Alaska Employer Account" with a "Number:" field and an "Apply" button and help icon.

State of Alaska

Alaska Department of Labor and Workforce Development

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myAlaska My Government Resident Business in Alaska Visiting Alaska State Employees

Incomplete Registrations

Your Business Name (last modified 04/14/2022) Delete

Start a new registration

Cancel

Add an existing Alaska Employer: Add ?

Add a new Remitter

Apply for a new Alaska Employer Account

Number: Apply ?

Alaska Department of

## Force Development

You will need your FEIN

If you do not have a FEIN, click on this link to file one. Then come back and finish registering.

State of Alaska &gt; Department Security &gt; ES Tax Online

## Step 2: Business Information

New Registration for:  
[No Legal Name]Step 1a: Can I Register  
Online?Step 1b: Acquire a  
Business

Step 1c: Change Entity

Step 2: Business Info

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Step 5: Primary  
WorksiteStep 6: Additional  
Worksite

Step 7: Submit

Legal Business Name

My Federal Employer Identification  
Number (FEIN) is:  
(Do not use your social security  
number for the FEIN)

If you do not have an FEIN, [get an FEIN now](#).

State Incorporated:

- select one -

Business Type:

- select one -

- select one -

Partnership Limited  
Estate  
Limited Liability Company  
Alaska Corporation  
Partnership General  
Sole Proprietorship  
Joint Venture  
Foreign Corporation  
Non-Profit  
Other (please explain)

What is the date of your first payroll  
in Alaska or the anticipated date?

Enter the expected number of  
employees in Alaska:

Was there a previous business  
operating at your location?

Do you anticipate using contract  
labor?

☐ Yes ☐ No

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Select the  
business entity  
type

# Alaska Department of Labor and Workforce Development

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## Step 2: Business Information

New Registration for:  
[No Legal Name]

Step 1a: Can I Register Online?

Step 1b: Acquire a Business

Step 1c: Change Entity

Step 2: Business Info

Step 3: Responsible Party

Step 4: Elect Coverage

Step 5: Primary Worksite

Step 6: Additional Worksite

Step 7: Submit

Legal Business Name

My Federal Employer Identification Number (FEIN) is:  
(Do not use your social security number for the FEIN)

If you do not have an FEIN, [get an FEIN now](#).

State Incorporated:

Business Type:

- select one -
- Partnership Limited Estate
- Limited Liability Company
- Alaska Corporation
- Partnership General
- Sole Proprietorship
- Joint Venture
- Foreign Corporation
- Non-Profit
- Other (please explain)

What is the date of your first payroll in Alaska or the anticipated date?

Enter the expected number of employees in Alaska:

Was there a previous business operating at your location?

Do you anticipate using contract labor?

☐ Yes ☐ No

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Select "Alaska Corporation" if the corporation is registered in the State of Alaska

Select "Foreign Corporation" if the corporation is registered in another state

If you're not sure about contract labor, call the ES Tax office at (907)465-2757 or 888-448-3527

Step 1c: Change Entity

**Step 2: Business Info**

Step 3: Responsible  
Party

Step 4: Elect Coverage

Step 5: Primary  
Worksite

Step 6: Additional  
Worksite

Step 7: Submit

number for the FEIN)

If you do not have an FEIN, [get an FEIN now](#).

**State Incorporated:**

- select one -

**Business Type:**

Limited Liability Company

**What is the date of your first payroll  
in Alaska or the anticipated date?**

mm/dd/yyyy

**Enter the expected number of  
employees in Alaska:**

**Was there a previous business  
operating at your location?**

☐ Yes ☐ No

**Do you anticipate using contract  
labor?**

☐ Yes ☐ No

As a Limited Liability Company, member wages are excluded and are **NOT** reportable for Unemployment Insurance (UI) Tax purposes on your Alaska Quarterly Contribution Report. Do **NOT** report them.

☐

**I have read the information above**

Look for important  
reporting information  
related to the  
business entity at the  
bottom of this page

# Alaska Department of Labor and Workforce Development

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## Step 2: Business Information

New Registration for:  
[No Legal Name]

Step 1a: Can I Register  
Online?

Step 1b: Acquire a  
Business

Step 1c: Change Entity

**Step 2: Business Info**

Step 3: Responsible  
Party

Step 4: Elect Coverage

Step 5: Primary  
Worksite

Step 6: Additional  
Worksite

Step 7: Submit

Legal Business Name \*

My Federal Employer Identification  
Number (FEIN) is:  
(Do not use your social security  
number for the FEIN) \*

If you do not have an FEIN, [get an FEIN now](#).

State Incorporated:

- select one -

Business Type:

Non-Profit

Desired method of payment:

(see [Handbook](#) for more info)

☐ Taxable

☒ Reimbursable

To select reimbursable:

- Employer must be a IRC 501(a) or 501(c)(3).
- Require a security deposit of \$32,000 or 3.2% of the total reportable wages for the last quarter, whichever is higher.
- Employer is responsible to review all requirements listed in the handbook.

Date Incorporated:

mm/dd/yyyy \*

What is the date of your first payroll  
in Alaska or the anticipated date?

mm/dd/yyyy \*

Enter the expected number of  
employees in Alaska:

Was there a previous business  
operating at your location?

☐ Yes ☐ No \*

Do you anticipate using contract  
labor?

☐ Yes ☐ No \*

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Non-profit, local/state government and federally recognized tribe entities have the option of being either taxable or reimbursable. Click on the Handbook link that explains the pros and cons for each method and the requirements when opting for the reimbursable payment method.

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## Step 3: Responsible Party

New Registration for:  
Your Business Name

Step 1a: Can I Register  
Online?

Step 1b: Acquire a  
Business

Step 1c: Change Entity

Step 2: Business Info

Step 3: Responsible  
Party

Step 4: Elect Coverage

Step 5: Primary  
Worksite

Step 6: Additional  
Worksite

Step 7: Submit

FEIN/SSN

Name

Address

Percentage

Effective Date

Add Another

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To add the owner(s) or responsible parties, click "Add Another"



Indicate whether the owner/responsibility party is a person or another business entity

**Add Responsible Party** ✕

Ownership Type	<div>- select one - </div> <div><div>- select one -</div><div>Individual</div><div>Entity</div></div>
Effective Date	
% Owned	<div><div></div><div></div></div>

Cancel Save

Step 2: Business Info

## Add Responsible Party

Ownership Type	<input type="text" value="Individual"/>
Social Security Number (SSN)	<input type="text"/>
-or- Explain	<input type="text"/>
First Name	<input type="text"/>
Middle Initial	<input type="text"/>
Last Name	<input type="text"/>
Personal Phone	<input type="text" value="000-000-0000"/>
Cell Phone	<input type="text" value="000-000-0000"/>
Email	<input type="text"/>
Residence Address	<input type="text"/>
City	<input type="text"/>
Country	<input type="text" value="United States"/>
State	<input type="text" value="- select one -"/>
Zip	<input type="text"/>
Title	<input type="text" value="- select one -"/>
Effective Date	<input type="text"/>
Responsibility	<input type="text"/>
% Owned	<input type="text"/>

If you were not issued a SSN please explain reason here (i.e. not a US citizen, permanent or temporary resident)

Disregard percentage of ownership if entity is a non-profit

Select the title of the individual from the dropdown box. Titles listed here are based on the business entity.

Responsibility

% Owned

- select one -
- not supplied
- file contribution reports
- pay contributions due
- creditor paid first
- check signing authority
- hire/fire authority
- all of the above
- some of the above

Cancel Save

After owner/responsible party information has been entered, click "Save"

### Step 3: Responsible Party

New Registration for:  
Your Business Name

Step 1a: Can I Register Online?

Step 1b: Acquire a Business

Step 1c: Change Entity

Step 2: Business Info

**Step 3: Responsible Party**

Step 4: Elect Coverage

Step 5: Primary Worksite

Step 6: Additional

FEIN/SSN	Name	Address	Percentage	Effective Date	
				01/01/2022	
	Corp	Secretary Anchorage AK 99502		1/1/2022	

Add Another

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To add additional owners/responsible parties, click on "Add Another"

To edit the owner/responsible party, click on the pencil; to delete click on the "X"

Employers may voluntarily elect to have their excluded employment covered for UI purposes. Sole proprietors, partners, or LLC members cannot elect coverage for themselves. Election of coverage for certain types of employment covers all individuals within that group (i.e. all corporate officers are covered or none are covered). For more information call ES Tax at (907)465-2757 or 888-448-3527.

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### Step 4: Elect Coverage

New Registration for:  
*Your Business Name*

Step 1a: Can I Register  
Online?

Step 1b: Acquire a  
Business

Step 1c: Change Entity

Step 2: Business Info

Step 3: Responsible  
Party

Step 4: Elect Coverage

Do you wish to cover excluded  
employees? ☐ Yes ☐ No

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An election of coverage may be requested later by submitting the Voluntary Election of Coverage for Excluded Employment form. The form is on our website at [labor.alaska.gov/estax/forms/toc\\_forms.htm](http://labor.alaska.gov/estax/forms/toc_forms.htm)

Click "Yes" to see the list of excluded employment that can be selected for coverage and the requirements for an election of coverage

## Step 4: Elect Coverage

New Registration for:  
Your Business Name

Step 1a: Can I Register  
Online?

Step 1b: Acquire a  
Business

Step 1c: Change Entity

Step 2: Business Info

Step 3: Responsible  
Party

Step 4: Elect Coverage

Step 5: Primary  
Worksite

Step 6: Additional  
Worksite

Step 7: Submit

Do you wish to cover excluded  
employees? ☒ Yes ☐ No

### Voluntary Election of Coverage

Currently, you are not required to report wages and pay taxes on the excluded employment listed below. If you choose to elect coverage, all employees within that group are reportable. Only select those below that you wish to report wages and pay taxes for:

- ☐ Service of executive officers of the corporation formed under AS 10.06. An executive officer is one who (1) is specifically named in the bylaws, (2) serves at the pleasure of the board, and (3) is given and actually exercises authority and responsibility for the overall management of the corporation. *Note: Wages of corporate officers not meeting the definition of an executive officer are reportable. If election of coverage is selected, all corporate officers must be covered as a group.*
- ☐ Service of fishing boat crewmembers if fewer than 10 who are paid a percent of the proceeds of the sale of the catch.
- ☐ Domestic service in a private home when wages paid are less than \$1,000.00 per quarter in the current or preceding year.
- ☐ Service selling or distributing newspapers on the street or house to house.
- ☐ Service by a minister or a member of a religious order of a church.
- ☐ Service for a school, college, or university by an enrolled student who is regularly attending classes.
- ☐ Service in the fields of insurance, real estate, or stock by a salesperson, solicitor or broker paid by commission and are not required to be covered by Federal Unemployment Tax Act.
- ☐ Service in agricultural labor where the employer either paid less than \$20,000.00 in wages per quarter in current or preceding calendar year or employed fewer than 10 people.
- ☐ Service by a full-time student under the age of 22 in a work-study program taken for credit at a public or nonprofit institution which certified that the service is an integral part of the program.
- ☐ Other service performed for a church or association of churches, including elementary and secondary schools, but not including other organizations operated for non-religious purposes.

This agreement, when approved, is binding for two complete calendar years; if the approval is not at the start of a calendar year it is binding for the rest of that calendar and two additional years. Coverage continues in effect on a yearly basis until a request to terminate is received by the Agency in writing before March 15 of the termination year. In the event the account becomes delinquent, the Agency reserves the right to cancel the voluntary election of coverage retroactive to the quarter a report and full payment were last received.

☐  I have read and agree with these statements.

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Select the  
excluded  
employment  
type(s) you'd  
like to have  
UI coverage

The excluded  
employment choices  
will be based on the  
business entity. The  
choices listed here are  
for the entity of a  
corporation.

Take note of the  
election of  
coverage  
requirements here

## Step 5: Primary Worksite

New Registration for:  
Your Business Name

Step 1a: Can I Register  
Online?

Step 1b: Acquire a  
Business

Step 1c: Change Entity

Step 2: Business Info

Step 3: Responsible  
Party

Step 4: Elect Coverage

Step 5: Primary  
Worksite

Step 6: Additional  
Worksite

Step 7: Submit

### 1. Business Name(s)

Legal Name:

Your Business Name

DBA:

Add Name

### 2. Business Mailing Address (not payroll provider)

Address:

City:

State:

- select one -

Zip:

Country:

United States

Attention:

### 3. Business Contact Info

Business  
Phone:

000-000-0000

Extension:

Business  
Website:

Contact Name:

Contact Title:

Contact Phone:

000-000-0000

Contact Fax:

000-000-0000

Contact Email:

Contact Cell:

000-000-0000

### 4. Physical Location

Address Type:

Address

Address:

City:

State:

If you have more than one business reporting under this FEIN, list each business here

This will be the person called if we need to address any issues or have questions on your ES Tax account

Additional worksite can be added at the bottom of this page, below #7

5. Please select the category that best describes your principal business activity in Alaska.

Forestry and **Logging**

**Logging**

**Logging**

**Logging**

Agriculture, Construction, and Mining Machinery Manufacturing

Construction Machinery Manufacturing

Construction and Mining (except Oil Well) Machinery and Equipment Merchant Wholesale Trade

+ Wholesale Trade

+ Retail Trade

You can do a search by typing in a keyword. Industries/services related to the keyword will be shown.

6. Describe all products and services your business provides in Alaska. (Failure to complete this section may result in a higher tax rate.)

7. Of the items in #6, which generates the most income?

Do you have an additional worksite? ☒ Yes ☐ No

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**5. Please select the category that best describes your principal business activity in Alaska.**

type to search...

- Agriculture, Forestry, Fishing and Hunting
- + Crop Production
- + Animal Production and Aquaculture
- Forestry and Logging
- + Timber Tract Operations
- + Forest Nurseries and Gathering of Forest Products
- + Logging

Or you can select an industry to find your specific service. Click on “+” to see more categories under the industries. Click on the category/service for it to autofill in #5.

Use the scroll bar to see more industries and categories

**6. Describe all products and services your business provides in Alaska. (Failure to complete this section may result in a higher tax rate.)**

**7. Of the items in #6, which generates the most income?**

Do you have an additional worksite? ☒ Yes ☐ No

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Click “Yes” if you have an additional worksite. If there are more than two worksites, you will need to contact ES Tax to provide additional worksites.

If you are not able to find your category, fill out #6 and #7 and we will find it for you. We will contact you if we need clarification of your business activity.



## Step 7: Summary

New Registration for:  
*Your Business Name*

Step 1a: Can I Register  
Online?

Step 1b: Acquire a  
Business

Step 1c: Change Entity

Step 2: Business Info

Step 3: Responsible  
Party

Step 4: Elect Coverage

Step 5: Primary  
Worksite

Step 6: Additional  
Worksite

Step 7: Submit

### 1. Registration Contact Information

Name:

Phone:

Fax:

Title:

Extension:

Email:

Show/Hide Summary

### 2. Certification

☐

I certify that the information provided on these forms is correct and true to the best of my belief.

### 3. Submit

Submit

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This will be the person called if we need to clarify anything on your registration

You must certify your registration form then click "Submit" in order to complete the registration process

# Alaska Department of Labor and Workforce Development

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## Confirmation

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Standard  
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Refunds

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### Your Business Name

Your registration will be processed in 30 business days.

### Auditor

Name: Your Auditor's Name

Email: [esd.tax@alaska.gov](mailto:esd.tax@alaska.gov)

Phone: (888) 448-3527

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You will receive this confirmation after pushing "Submit." A confirmation will also be emailed from [esd.tax@alaska.gov](mailto:esd.tax@alaska.gov) to the email address listed for the Registration Contact. If a confirmation has not been received, contact ES Tax at (907)465-2757 or 888-448-3527.